



APPLICATION TO CREATE A SELF-INSURANCE FUND

1. Association Name _____
2. Address _____
3. Telephone Number () - _____
4. Fund Name _____
5. Address of Fund (if different) _____
6. Claims Administration
 Address _____
 Contact Person _____
 Telephone Number () - _____
7. Where to Direct Self-Insurance Tax and Financial Information
 Address _____
 Contact Person _____
 Telephone Number () - _____

The Employer and the Fund are subject to and shall abide by all requirements of the Workers' Compensation Commission Act, amendments thereto, and regulations that now are or hereafter adopted by the South Carolina Workers' Compensation Commission.

Reserved for Commission Use Only

Approved: _____ Effective Date: _____ SI No. _____

For further information, refer to Article 15 of the South Carolina Workers' Compensation Commission's Regulations.



By: Applicant's Name _____

Signature _____

Sworn and subscribed before me this ____ day of ____, ____.

Notary Public for: _____

My commission expires: _____

Attach the following information:

1. \$250.00 application fee.
2. Proposed fund bylaws and/or trust agreement.
3. Completed form 6A for each proposed member and \$25.00 application fee for each.
4. List of proposed members giving experience modifications, annual workers' compensation premium amount for South Carolina, number of employees in South Carolina and type of business for each.
5. A list of estimated standard premium to be collected by the Fund each month for the first fiscal year.
6. Three years loss history for each proposed member. Give the number of claims, compensation paid and incurred, medical paid and incurred for each year.
7. Signed indemnity agreement jointly and severally binding each potential member.
8. Statement describing in detail proposed claims administration and loss control.
9. Excess insurance quotes for specific and aggregate coverage.
10. Independent actuary study.

For further information, refer to Article 15 of the South Carolina Workers' Compensation Commission's Regulations.